

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

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 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Conservative Campaign Committee			FEC IDENTIFICATION NUMBER ▼ C C00495010		
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on					
Full Name of Payee WZZM 13			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014		
Mailing Address 645 3 Mile Road NW			Amount 1530		
City Grand Rapids	State MI	Zip Code 49544-1601	Transaction ID : 132848		
Purpose of Expenditure 10/31 to 11/2 Television Advertising		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014		
Name of Federal Candidate Terri Lynn Land		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI		
Calendar Year-To-Date Per Election for Office Sought		3999	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee WOOD TV			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014		
Mailing Address 120 College Avenue SE			Amount 969		
City Grand Rapids	State MI	Zip Code 49503-4404	Transaction ID : 132849		
Purpose of Expenditure 10/31 to 11/2 Television Advertising		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014		
Name of Federal Candidate Terri Lynn Land		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI		
Calendar Year-To-Date Per Election for Office Sought		3999	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			2499.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Kelly Lawler</i>		[Electronically Filed]		Date MM / DD / YYYY 10 / 29 / 2014	